

State of Florida
Department of Highway Safety and Motor Vehicles

Division of Driver Licenses - Refund Request

Directions: Complete form, sign at the bottom and mail to:

Division of Driver Licenses

P. O. Box 5775

Tallahassee, FL 32314-5775

A Refund is Requested for the Following: (Check Proper Box/Boxes)

☐ License Fee ☐ Examination Fee ☐ Service Fee ☐ FR Refee ☐ ID Card Fee

List All Applications Pertaining to Refund Below:

Date(s) Applied	_____	Office #	_____	Audit #(s)	_____	Fees Paid	_____
	_____		_____		_____		_____
	_____		_____		_____		_____

Justification for Refund (Explain Fully) _____

(First)		(Middle or Maiden)		(Last)			(Suffix)	
NAME								
(Street# and Name or P.O. Box)				(City)		(State)	Zip Code	
ADDRESS								
DRIVER LICENSE NUMBER		S.S.NUMBER	DATE OF BIRTH			TOTAL REFUND	OFFICE	EXAMINER
			Mo.	Day	Yr.			

License Surrendered _____ Attached _____ If not. Why? _____

Date _____ Applicant's Signature _____

HSMV 73644 (Rev. 12/83)